

My name is:

I have trouble talking.

My intelligence is intact.

I am not drunk or mentally unstable.

\_\_\_ Please take time to communicate.

\_\_\_ Speak slowly.

\_\_\_ Speak simply and directly to me.

\_\_\_ Do not shout.








\_\_\_ Ask Yes/ No questions.

\_\_\_ Write key words in big print

\_\_\_ Use simple drawings.








\_\_\_ Help me use my communication book.

**Please repeat. I don't understand.**

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						









# Topics




	Me	
	You	
	Family	Friends
	Doctors	Nurses
	Money	
	Feelings	Fears & Concerns
	Communication/	Speech
	Upcoming events	
	Entertainment:	








OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

Please

Thank you








	The Paper		TV Remote Control
	The Mail		Drink
	My Cane		Food
	My Bed		My Chair

	Open / Close the Window		
	I want to sleep		
	TV: Please turn it <u>on</u> / <u>off</u>		

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						






## FAMILY AND FRIENDS

NAME	RELATIONSHIP



OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						








## I feel

## How are you?


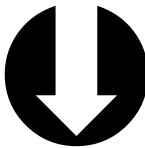
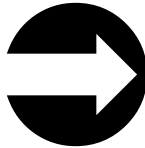
	Happy	Content
	Sad	
	Worried	
	Afraid	
	Angry	Upset




## About








	You
	Me
	Someone else
	Something else

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

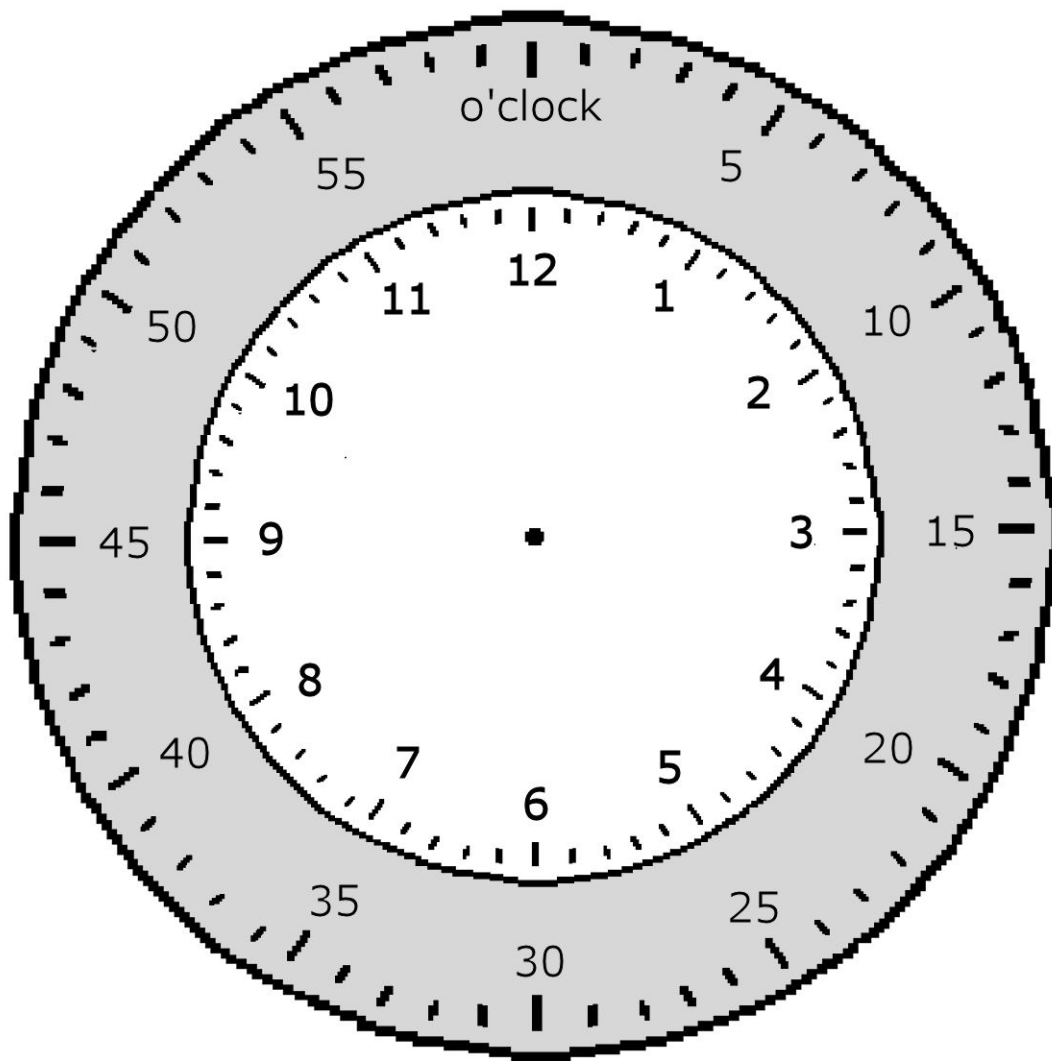
# Events








Past Event	Now	Future Event
		

	Outside		On Television
	Movie		

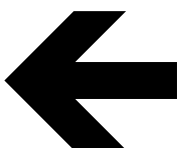

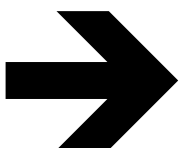
OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

# Clock



OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

Time

Yesterday 	Today 	Tomorrow 
--	--	---

\*\*\*\*\*








Days of the Week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Months of the Year

January	February	March
April	May	June
July	August	September
October	November	December

OK 	Yes 	No 	Maybe 	Don't know 	Don't understand 	Wrong track 
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Please call:

Came:

A doctor

911 Emergency

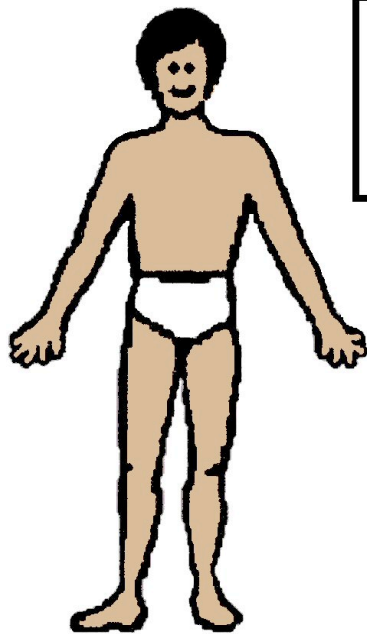
Name of Professional	Occupation	Telephone

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
						

# HEALTH

I feel

How are you?



How Do You Feel?

pain 	sharp 	dull 	itchy 
faint 	dizzy 	nauseous 	
afraid 	sad 	angry 	
hot 	cold 		

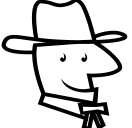







Pain Scale

10
9
8
7
6
5
4
3
2
1
0

For more information about aphasia [www.aphasia.org](http://www.aphasia.org)  
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OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track

# My Personal Information

	Name:
	Address:
	Telephone:
	Date of Birth:
	Place of Birth:
	Education:
	Occupation:
	Activities:
	Interests:

OK	Yes	No	Maybe	Don't know	Don't understand	Wrong track
